

the surface of the tumour from a lower level. The skin was not especially sensitive; surrounding the patch were a number of firm tubercles, each perforated by a hair, which issued from its summit. The summit had a yellow pustule-like appearance. The larger patch was evidently formed by an aggregation of many of these tubercles. These smaller tubercles closely resembled at first sight the pustules of *acne vulgaris*, but were entirely different in structure; for each seemed to be composed of soft, unbroken, red-scar tissue, its summit perforated by a hair, which was rendered especially evident by the yellow quasi-pustular appearance of the epidermis which surrounded the orifice of the follicle. The patient suffered very little inconvenience. He was a butcher, aged forty-seven, who was in excellent health; he attributed the origin of the growth, which began about four years earlier, to a poisoned wound, but this was apparently a mere guess. Mr. Baker had met with one other instance only of the disease; the patient was an old gentleman, who attributed the disease to the irritation of the edge of the collar; he declined any cutting operation, but consented to cauterization with nitric acid, and the growth did not recur. Professor Kaposi, in writing on *Frambæsia*, referred to a disease in which bright-red, papillary, weeping, and partially ulcerating excrescences (which bled easily) existed on the scalp, and proposed to call it *Dermatitis papillomatosa Capillitii*; but Mr. Baker would not have thought of identifying his case with this disease, but that Professor Kaposi and Dr. Hans Hebra, who saw the case during the Congress, recognized it as identical with the disease described by the former. M. Verité informed him that it was identical with the disease called *acne keloid* by M. Bazin, and Mr. Baker preferred to make use of this term, because it expressed fairly well the naked-eye features of the growth.—*Brit. Med. Journ.*, April 22, 1882.

SURGERY.

The Value of the Details of Listerism in Abdominal Surgery.

Mr. LAWSON TAIT read a paper on this subject before the Surgical Society of Ireland on February 24. There were three general principles, or axioms, with a statement of which he would begin his paper: 1. In discussing the question, all empirical statements should, as far as possible, be avoided. 2. The smaller the range and the fewer the disturbing elements the better; *i. e.*, for the deciding of such questions, it was better to compare the results obtained in one series of operations, for example, ovariectomies, than to compare those of several series of major and minor surgical operations. In other words, a series of repetitions was more likely to give accurate results than mixed cases. 3. In the peritoneum was a cavity peculiarly susceptible to septic influences; the abdominal viscera were, therefore, a peculiarly good field for such an investigation. The basis of Lister's theory of putrefaction by means of bacteria, etc., had long ago been proved beyond dispute as regards dead matter. But Mr. Lister assumed for living matter the same sequence of events as in the case of dead. This had never been proved. If a wound were full of blood-clot, and this was kept antiseptic, it would become organized, and form part of the tissue it lay near, just as a blood-clot would do in the interior of the body, being, in both cases, protected from the attacks of the bacteria in the air. Blood-clots in the body were not truly dead, but only in a low state of vitality, insufficient, however, to preserve them from the attacks of bacteria. Dr. J. Hamilton, of Edinburgh, in his experiments on sponge-graft-

ing, had shown that a thoroughly dead sponge would do without Listerism what the blood-clot would do with it—viz., become organized. It would even do this in a putrescent wound, because it was sufficiently tough to resist the attacks of the bacteriæ, while the bloodvessels of the neighbourhood were working their way into, and forming a network through, its substance. In the same way, the blood-clots, being finely porous, offered support to the fine bloodvessels developed; but being too frail to resist the attacks of bacteria, became putrescent before time had occurred for the vessels to be formed, unless protected by antiseptics. Mr. Tait enunciated his opinions to the effect that, whilst accepting the germ-theory, he repudiated Mr. Lister's application of it in surgery. However, putting theory and inclination aside, he determined to give Listerism a fair trial in one hundred abdominal sections, nearly sixty of which were for ovarian tumours; and the conclusions arrived at were all against Mr. Lister's views. The most valuable information was to be obtained, not by noting the ratio of deaths, but by observing under what mode of treatment the recoveries were most easy, even, rapid, and uncomplicated. For this purpose he exhibited comprehensive charts of a large number of cases treated by various methods, showing temperature, pulse, duration, etc., of the cases in each group. Those treated by complete Listerism gave the worst results. He, therefore, wished to try if this result was due to the method or to the carbolic acid used. He divided the investigation into three groups: (1) the use of the spray; (2) the preparation of the sponges; and (3) the details during the operation. In group 1, the spray was used regularly, beginning with the carbolic acid solution, 1 in 20; then reduced to 1 in 30, then to 1 in 50, 1 in 100, 1 in 1000, and finally a spray of pure water was used. The recoveries improved in each as the carbolic acid was reduced in strength. In group 2, the sponges were treated with solutions of the acid gradually reduced in strength, as in group 1, with similar results; so also group 3. The investigation lasted over two years. He, therefore, gave up the use of carbolic acid altogether; but still keeps his instruments, ligatures, sponges, etc., in a bath of pure water—not to avoid bacteria, but to keep them wet. Bacteria, which produced putrefaction in dead matter, he considered harmless in the living peritoneum. Lister's plan had done an infinity of good, but his theories of its action had been proved to be untenable.—*British Medical Journal*, April 15, 1882.

—

Sulphide of Calcium as an Antisuppurative.

Dr. ANDREW H. SMITH, Chairman of the Committee on Restoratives of the Therapeutical Society of New York, furnishes to the *New York Medical Journal and Obstetrical Review* for June, 1882, a report of the committee on the use of sulphide of calcium for the purpose of preventing or diminishing suppuration. After giving the experience of several members of the society, Dr. Smith concludes his report as follows: Judging from this limited number of cases, it would seem that we are warranted in concluding that in many cases of suppurative affections, ranging from the small pustules of acne to extensive suppurating surfaces, an appreciable, and often a very marked, benefit is derived from the use of the calcium sulphide, suppuration which would otherwise take place being averted, or the quantity and duration of an existing discharge being lessened. At the same time its action is not uniform; and in many apparently favourable cases it will fail entirely. The drug is somewhat prone to irritate the stomach, and this circumstance affords an indication for small doses frequently repeated, instead of larger ones at longer intervals. One-tenth of a grain every two hours in acute cases will generally secure the full therapeutical action of the drug, but larger doses may sometimes be required, and some patients will bear well a grain